

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90061 042 \*\*\*150.00

DOCUMENT # S13176

1. Corporation Name  
J BANDD, INC.

Principal Place of Business  
13307 LAKE MARY JANE ROAD  
ORLANDO FL 32832

Mailing Address  
13307 LAKE MARY JANE ROAD  
ORLANDO FL 32832

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/15/1990

4. FEI Number  
65-0245273

Applied For  
Not Applicable

2. Principal Place of Business  
21 20 N. ORANGE AVE.

2a. Mailing Address  
26 20 N. ORANGE AVE.

Suite, Apt. #, etc.  
22 SUITE 309

Suite, Apt. #, etc.  
27 SUITE 309

City & State  
23 ORLANDO, FL

City & State  
28 ORLANDO, FL

Zip  
24 32801

Country  
25 ORANGE

Zip  
29 32801

Country  
30 ORANGE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAUGHN, DOUGLAS P.  
13307 LAKE MARY JANE ROAD  
ORLANDO FL 32832

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Douglas P. Haughn 1-25-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HAUGHN, AMY L.  
13307 LAKE MARY JANE ROAD  
ORLANDO FL 32832

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
HAUGHN, GERALD L  
14904 WILD WOOD LILY CT  
ORLANDO FL 32824

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PMT  
HAUGHN, DOUGLAS P  
13307 LAKE MARY JANE ROAD  
ORLANDO FL 32832

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas P. Haughn 1-25-99 382-1620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0505594